FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *-				2.	Issue	r Name	and Ticke	er or	Tradin	g Symbo	5. Relationshi	5. Relationship of Reporting Person(s) to Issuer				
				[-	15540	i i vaime	una mono	,, 01	Tradin	g Dynnov		(Check all applicable)				
Sample Derek					x Fl	ags Ei	ntertain	me	nt Co	rp [SI	Ì					
(Last) (First) (Middle)				3.	Date	of Earli	est Transa	ction	1 (MM/E	DD/YYYY	Director					
l · · · · ·	,	`	,									_X_ Officer (gi		· —	her (specify	below)
C/O SIX FLAGS ENTERTAINMENT				NT			5/2	1/2()24		Chief Accoun	Chief Accounting Officer				
CORPORAT WAY, SUITI		00 BAL	LPAR	K												
-	(Stre	et)		4.	If An	nendme	nt, Date O	rigir	al File	d (MM/DI	D/YYY	Y) 6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)
ARLINGTON, TX 76011												_X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(0	City) (Sta	te) (Zi	p)									I oilli illed by	wiore than v	one reporting i	CISOII	
			Table I	- Non-De	rivati	ive Secı	ırities Acc	μir	ed, Dis	posed o	f, or B	Seneficially Owne	ed			
1. Title of Security (Instr. 3) 2. Trans. I			2. Trans. Date	Exec	Deemed ution , if any	3. Trans. Co (Instr. 8)	de	4. Securities Acqu or Disposed of (D) (Instr. 3, 4 and 5)				Following Reported Transaction(s) Ownership Form: Benefi Direct (D) Ownership of Indi Benefi Owner			7. Nature of Indirect Beneficial Ownership	
							Code	V	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock, par value \$0.025 per share 5/21/202				5/21/2024			S		2,300	D	\$26.44	1		12,805 (1)	D	
	Tab	le II - Dei	rivative	Securities	Bene	eficially	Owned (e.g.,	puts, c	alls, wa	rrant	s, options, conver	tible secu	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deen Execution Date, if a				ve Securities d (A) or d of (D)		6. Date Exercisable and Expiration Date		Securit Deriva	and Amount of ies Underlying tive Security 3 and 4)	Underlying Derivative Security Security		Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	le V (A		(D)	(D) Date Exer		Expiration Date		Amount or Number of Shares		Reported Transaction(s) (Instr. 4)		

Explanation of Responses:

(1) Includes 350 shares of common stock acquired pursuant to the Issuer's Employee Stock Purchase Plan since the last-filed Form 4.

Reporting Owners

reporting owners						
Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Sample Derek						
C/O SIX FLAGS ENTERTAINMENT CORPORATION	ſ		Chief Assessmeine Officer			
1000 BALLPARK WAY, SUITE 400			Chief Accounting Officer			
ARLINGTON, TX 76011						

Signatures

/s/ Derek Sample 5/22/2024

**Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.